AlvinAnimalSh elter PetAdoptionApplication

By completing this form, you will assist us in establishing that you and your family are ready for the responsibilities of petownership. It will also aid us in determining which pet may be stuit you and your family.

Name:	Addr ess:		Telephone#:
Placeofemployment:		Howlong:	Telephone#:
Whatisyourreasonforwa	antingtoadoptapetatthistime?_		
Isthispetgoingtobeagift?	?		
Haveyouownedanypets	withinthepasttwoyears?What	kind?	
Doyoustillhavetheseani	mals?Ifno,what	happen edt	othem?
rabies)(Dogs:caninedist	ehold current on their vaccinatemper,h epatitis,parvovirus	s,andrabies)	e distemper, leukemia, and
Veterinarianname:	Address:	<u> </u>	Telephone:
Doyou haveanychildren	n?Ages:		
Arethereanymembersof	fyourfamilywhohaveanyknowi	npet -relate	dallergies?
	ome.Doyouliveinahouse other(pleasedescribe)		
Ifrenting,doyouhavepertelephone#:	missiontokeeppets?Land	dlord'sname:	
Doyouhaveafencedyard	d?lfyes,please	describe:	
How many hours per day outdoors	y would the pet be left alone? _	How many I	nours indoors?
Do you realize that cats responsibilityforthatlong	s and dogs can live up to 15	years?	Are you willing to accept
Wouldyouobjecttoafollo	w -upvisitbytheAlvinAnima	IShelter?	_
the adoption application.	dtoprospective owners who mi . The Alv in Animal Shelter r mationistrueandthatfalseinfo	eserves the right t	o refuse adoption to anyone. I
Signature:	Date) :	